



Request for Accommodation of Disability

Date of Request: _____

Name: _____

Department: _____

Campus Address: _____

Campus Phone: _____

Type of Disability: _____

Accommodation Requested: _____

Signature

Please attach appropriate supporting documentation from your physician.

To be completed by Human Resources and employing department:

Accommodation Approved: _____

ADA Title I Coordinator

Date

Department Supervisor/Manager

Date